AUG 24 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

D 27408

1. PLACE OF DEATH
County Jackson
Township ~~Blue~~
City Independence (No. ..... St. ..... Ward)

Registration District No. 398
Primary Registration District No. 3019

File No. .....
Registered No. 248

2. FULL NAME Mrs. Maggie Lee Cary
(a) Residence, No. 1123 W. College St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Flona E. Cary

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1 - 1883

7. AGE: 35 YEARS 54 MONTHS 2 DAYS 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas City Kan

FATHER
13. NAME James M. Via
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Va

MOTHER
15. MAIDEN NAME Mary J. McGiners
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liberty Mo

17. INFORMANT (ADDRESS) Rev. Flona E. Cary 1123 W. College Indep. Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kansas City Kan DATE July 26 1937

19. UNDERTAKER (ADDRESS) Ott + Mitchell Independence Mo

20. FILED 7-26 1937 F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1937, to July 23, 1937
I last saw her alive on July 23-37, 19.... Death is said to have occurred on the date stated above, at 7 a.m. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	years

66 B

Other contributory causes of importance:

Mitral Stenosis	childhood
Hypertension	years
Hyperthyroidism	years

Name of operation Thyroidectomy Date of Dec 1936
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Raymond F. Gard M.D.
(Address) Independence Mo

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUM-10-22-36 1 X9314